EXHIBIT 60

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

| if any: | |
|--|--|
| Participant's Name: | Marilyn Niever Rivera Urb Paseo Lealer C/castillo 203 Are |
| Participant's Address: | Orb Paseo Reales C/ castillo 203 Itre |
| Participant's Email Address: | marilyn_34n@hotmail.com |
| Name of Counsel: | |
| Address of Counsel: | |
| Email Address of Counsel: | |
| 2. Participant's C | Claim number and the nature of Participant's Claim: |
| Claim Number: | 17 BK 3283 - LTS Pagò de Carreg Magisterial |
| Print Name Title (if Participant is r | ieves |
| | CD the start of the Mation |

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.